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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH " REGISTRAR KNOWN XX DECEASED NAME HTMOM (TYPE OR PRINT) OF 4-15-82 Arnold DEATH MATED Jane Ruth 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE \$24 Q3X AST SIRTHDAY PRONOUNCED 4-15-82 12-10-1915 66 DEAD female white Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY)
Md. Carroll County U.S.A. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 18. GIVE PAGES 1, 2, AND 3 TO THE SWITH FORM PM 3. RETAIN PM AIT. PAGES 1 AND 2 SHOULD BE FILL PINISION OF WALL RECORDS County GeneralHospital Canning Westminster Carroll 13e. STATE Westminster 13d INSIDE CITY LIMITS? 131 STREET ADDRESS Bond Md. YES [NO PO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Minnie Dell Charles Arnold 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO, OR UNKNOWN) (JE YES, GIVE WAR OR DATES) Westminster, Md. 219-07-1921 Dorothy Wright one CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) LD BE USED AS A BURIAL - TRANSIT PERMIT. WENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke and soot inhalation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORE FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES XX NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 caught in housefire UNDERLYING &XOR PRIOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DEL BALTIMORE, MARYLAND, 21201 PL 14T Bond Street Westminster, Maryland STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK XXX bedroom 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from Suicide Undetermined manner TITLE (SPECIFY) 4-15-82 ACTUAL DATE ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street Korell M.D. (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Westminster, Carroll Md. Burial BP. and vmon 24 FUNERAL DIRECTOR 256 REGISTREE SIGNATURE nous **DHMH-17** Westminster, Md (VR A15 ME (5)) Pritts Funeral Home 15M 2/80

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REGISTRARGO OF REGISTRARGO OF AL RACE OMATO OF THE PROPERTY O	i Ce 5. DATE OF BIRTH MONTH DAY 1 9 7b. CITIZEN OF WHA USA V. NAME OF HOSPIT (IF NOT IN SUCH FACIL 4439 Trei OME OR OTHER INSTITUTION, GIVE FACIL MIDDLE Teta ARMED FORCES? GIVE WAR OR DATES) er anly ane cause per line for IUSED BY: EDIATE CAUSE (o)	Tal, NURSING HOME, OR TY, GIVE STREET ADDRESS! TAL, NURSING HOME, OR TY, GIVE STREET ADDRESS! TAL, CITY OR TOWN Upper co LAST 16b. SOCIAL SECURITY NO. 232-60-8357	13d INSIDE CITY LIMITS? YES NO # 15. MOTHER'S MAID! FIRST Ze: 17. INFORMANT Mrs. Sare	20. DATE KNC OF ES DEATH MA 224 HRS. 21. DATE PRONOUNCED DEAD 120. BALTIMORE CED 7. BALTIMORE FOR MOST OF WORKING BOOKEE 130. STREET ADDRESS Trenton 1. EN NAME MIDDLE TETE	MONTH 5 ECITY OR COUNTY ON (TYPE OF WORK) LIFE! OTHER TO THE	DAY YEAR 2b HOU 26 19 82 DAY YEAR 2d HOU 6 19 82 YOF DEATH 2b KIND OF BUSINESS OR INDUSTRY LAST LAST APPROXIMATE INIERVAL BEIWEEN ONSET AND DEATH
A RACE Mhite RTHPLACE (STATE OR REIGH COUNTRY) TY OR TOWN OF DEATH DDCCO LL RESIDENCE (IF IN NURSING HERST TATE MA THER'S NAME FIRST ALONZE VAS DECEASED EVER IN U.S. SS, NO, ORLINENOWN) III YES CONDITIONS, If ONY, WAS Conditions, if ony, WAS Conditions, if ony, WAS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS ALONZE CONDITIONS CO	S. DATE OF BIRTH MONTH DAY 1 9 7b. CITIZEN OF WHA USA USA UF NAME OF HOSPIT (IF NOT INSUCH FACIL 4439 Trei OME OR OTHER INSTITUTION, GIVE F CAPTOLL MIDDLE Tete G. ARMED FORCES? GIVE WAR OR DATES) er only one couse per line to LUSED BY: EDIATE CAUSE (o)	T. YEAR 6. AGE (IN YEARS) 1938 LAST BIRTHDAY) 1938 T COUNTRY? 8. WI TAL, NURSING HOME, OR TITY, GIVE STREET ADDRESS) THON MI I Rd RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Upper CO LAST 16b. SOCIAL SECURITY NO 232-60-8357 If (a), (b), and (c),)	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS LARRIED NEVER MARR DOWED DIVORCE OTHER INSTITUTION 13d INSIDE (1TY LIMITS? YES NO 15. MOTHER'S MAIDI FIRST TO 17 INFORMANT Mrs. Sara	Def ES DEATH MA 224 HRS. 21. DATE PRONOUNCED DEAD 180 9. BALTIMORE FOR MOST OF WORKING POR MOST OF WORKING BOOKEET 130. STREET ADDRESS Trenton EN NAME MIDDLE Tete	MONTH 5 ECITY OR COUNTY ON (TYPE OF WORK) LIFE! OTHER TO THE	26 19 82 DAY YEAR 18 HOU 1: 45 19 82 YOF DEATH 2b KIND OF BUSINESS OR INDUSTRY LAST LAST APPROXIMATE INTERVAL
4. RACE Mhite RIHPLACE (STATE OR REIGN COUNTRY) TY OR TOWN OF DEATH DPCO LL RESIDENCE (IF IN NURSING INTERIST NAME FIRST Alonze VAS DECEASED EVER IN U.S. SS. NO. ORUBNIOWN) 18. CAUSE OF DEATH (Ent PART I DEATH WAS CA Conditions, if ony, we	S. DATE OF BIRTH DAY 1 9 7b. CITIZEN OF WHA USA WE NAME OF HOSPIT (IF NOT INSUCH FACIL 4439 Tree OME OR OTHER INSTITUTION, GIVE F CAPTOLL MIDDLE Tete ARMED FORCES? GIVE WAR OR DATES) er anly one cause per line for AUSED BY: EDIATE CAUSE (o)	TAL, NURSING HOME, OR TY, GIVE STREET ADDRESS! TOWN THE STREET ADDRES	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS LARRIED NEVER MARR DOWED DIVORCE OTHER INSTITUTION 13d INSIDE (1TY LIMITS? YES NO 15. MOTHER'S MAIDI FIRST TO 17 INFORMANT Mrs. Sara	DEATH MA 224 HRS. 22. DATE MIN PRONOUNCED DEAD 18D 9. BALTIMORE Carro 1120 USUAL OCCUPATI FOR MOST OF WORKING BOOKEET 130. STREET ADDRESS Trenton EN NAME MIDDLE TILE ALI	MONTH 5 ECITY OR COUNTY COUNTY ON (TYPE OF WORK) OFF MILL Rd.	TAPPROXIMATE INTERVAL
EMAI E White RITHPLACE (STATE OR REIGH COUNTRY) WWA. TY OR TOWN OF DEATH OPECO AL RESIDENCE (IF IN NURSING H TATE Md. WAS DECEASED EVER IN U.S. SS, NO, OR JUNIOWN) THE CAUSE OF DEATH (Ent. PART I DEATH WAS CAUSE OF DEATH (ENT. PART I DEATH (ENT. PART I DEAT	MONTH DAY 1 9 7b. CITIZEN OF WHA USA UP NAME OF HOSPIT (IF NOT INSUCH FACILITY MIDDLE MIDDLE Tete ARMED FORCES? , GIVE WAR OR DATES) er anly one cause per line for AUSED BY: EDIATE CAUSE (o)	TAL, NURSING HOME, OR TY, GIVE STREET ADDRESS! THOM IT RATE TO BE ADMISSION! TAL, NURSING HOME, OR TY, GIVE STREET ADDRESS! TO MILL RATE RESIDENCE BEFORE ADMISSION! LAST LAST 232-60-8357 If (a), (b), and (c), (c)	MONTHS DAYS HOURS MARRIED NEVER MARR DOWED DIVORC OTHER INSTITUTION 13d INSIDE (ITY LIMITS? YES NO FIRST 15. MOTHER'S MAID! FIRST 17. INFORMANT Mrs. Sare	PRONOUNCED DEAD IED	5 ECITY OR COUNTY COUNTY ON (TYPE OF WORK TOURS) LIFE) OTT DDRESS	6 1982 1:45 Y OF DEATH 2b KIND OF BUSINESS OR INDUSTRY LAST LAST APPROXIMATE INJERVAL
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TATE Md . 136. ITHER'S NAME FIRST Alonze VAS DECEASED EVER IN U.S. 18. CAUSE OF DEATH (Ent PART I DEATH WAS CA Conditions, if ony, w	MIDDLE Tete ARMED FORCES? , GIVE WAR OR DATES) er anly one cause per line for AUSED BY: EDIATE CAUSE (o)	LAST LAST PER 166. SOCIAL SECURITY NO 232–60–8357 Ir (o), (b), and (c),	YES NO P 15. MOTHER'S MAIDI FIRST Ze: 17. INFORMANT Mrs. Sara	Trenton MEN NAME MIDDLE TRIE TELE	er DDRESS	er, Md. 2110
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18 CAUSE OF DEATH (Entre PART I DEATH WAS CA	NUSED BY: EDIATE CAUSE (a)	ır (a), (b), and (c).)		ah Connor	Mancheste	APPROXIMATE INTERVAL
5718 IMMI	NUSED BY: EDIATE CAUSE (a)	r(o), (b), and (c).) Fatty Liv	ver			APPROXIMATE INTERVAL
	which diate (b) DUE TO, OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).		
190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED?			2D AUTOPSY?
UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. A OF DEATH P.M.	MONTH DAY YEAR	ni ok t	ED LENTER NATURE OF INJURY IN	N ITEM 18 PART 1 OR PART	YES X NO 2)
WHILE AT WORK AT WORK	STREET, FACTOR	Y, FARM, ETC.	STREET	CITY OR TOWN	COUM	NTY STATE
ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Sm	ith, M.D.	TITLE (SPECIFY) M.DOEPUTY Ch ADDRESS	Undetermined manner i e fixedical examiner ii Penn St.	DATE SIGNED	5/7/82 MD.
ecify) Surial				CITY OR TOWN	COUNT	017114
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I to death resulted from CATANAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVES THE CONTRIBUTION OF THE CONTRIBUTION OF THE CAMPANE	196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION 196. CONDITION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] 22e. I certify that I to change of the minoring decided above, held an death resulted from North May 10, Suicide EXAMINER'S NAME Thomas D. Smith, M.D. 18IAL, CREMATION, REMOVAL 23b. DATE RECIPTION BY THE PROPERTY OF	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] 226. I certify that I to charge of the pinage	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] 220. I certify that I to charge of the remove of the	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED CHOICE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 220. I Certify that I to the horse of the remains of the death resulted from Notwhite Countries of the remains of the

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in signed by the ottending physicion and completely filled in by the . Then please remove corbon popers. Poges 1 and 2 should be filed wit

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion

retained by the haspital or attending

BP

IMPORTANT: If Hem 21 is morked ar Hem 18 shaws any injury, or other troumotic event, the should be detoched for use os the buriol-tronsit permit. Then please remove corbon popewith the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar remaval.

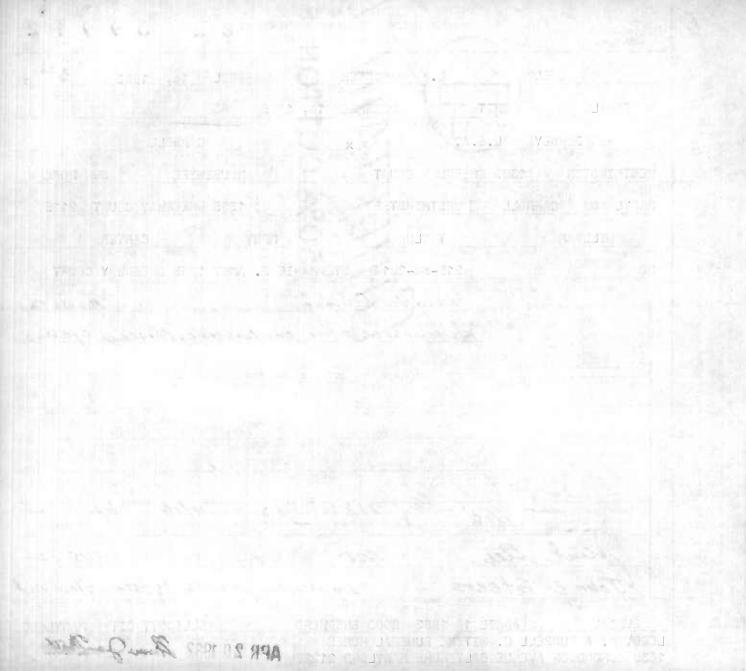
	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 REG. NO	0	9 9	1	2
		CEASED NAME FIRST		AIDDLE		LAST	20 DATE OF	DEATH M	ONTH DA	Y YEAR	26. HOL	IR
		EVEL		L.		BECK	APRIL	16,	198		32	
	3. SE	X	4 RACE		MONT	OF BIRTH	6. AGE TINY	EARS LAST BIRTH		UNDER I YEAR	HOURS	MIN.
		FEMALE	WHITE		DECE	MBER 14, 1895	86		YRS			
1		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	ED NEVERMARRIED	9 BALTIMO	RE CITY OR	COUNTYC	OF DEATH		
01		NEW JERSEY	U.S.		WIDOW	ED DIVORCED		CARRO	LL			MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION		OCCUPATIO		126 KIND		ESS OR
C	l	JESTMINSTER	1305 GR	EENWAY C	DURT			K FOR MOST OF	WORKING LIFE)		HOME	
-	rUSU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					Daire	TIOTIL	
5		TARYLAND CARI		WESTMIN!		136. INSIDE CITY LIMITS?	13e. STREET .	GREEN	WAY CI	OURT	2115	7
- 10	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			14		
26		WILLIAM	MIDDLE	TAYLO	3	FIRST	RY	WIDDIE	CAR	TER LA	ST	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES				
		YES NO OR UNKNOWN) {IF YES, GIV	E WAR OR DATES)	219-58-	2814	STEPHANIE J.	AMEV	1305	CREENI	IAV CC	TRIL	
		Conditions, if any, which gave rise to immediate couse to stating the underlying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF	ero fre cara	EAST)	35.			rea	es
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9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTO		206 IF YES, VIN CERTIFY I	WERE FINDI	NGS USER OF DEAT	TH?
9	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	118	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNA	TURE OF INJURY	IN ITEM 18 PAR	TIORPART2)		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET		CITY OR TOW!	٧	COUNTY	5	TATE
			1/10	19.8	2 .	nd that in (my) aprilian d	deoth accurre	d on the date	, 19 e and haur o	-	that (1) (a	
		flut,	theu		1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	W []	22c. DATE	SIGNED S	2
		John E.	Stee.	rs		210 Washin	9641	45.	vesti	4105	4 1	nd.
		SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE APRIL	19 19 82		SHEPHERD	23d. LOCA	OR TOWN	OTT C	COUNTY	IARYL	AND

DHMH - 16 50M 1/B1 (VRA 15, 4)

2 LEROY DIRECTOR RUSSELL C. WITZKE AD FRUNERAL HOMES 1630 EDMONDSON AVENUE BALTIMORE MARYLAND 21228

ELLICOTT APR 20 1982

MARYLAND



5-01 - NE 3-Alexandry (VIAAA) PROVEDED A TOTAL MARKS WAS ARREST TOTAL ASSESSMENT OF THE PROPERTY OF THE PROP CONTRACT CORRECT CONTRACTOR OF S 2101 HORRING HISTORIAN 215-18-18-28 Ft. Burnell Foorgors, Hannachens, Lal. CASSO SERVING LANGE PASSES STOLEN STREET BY CHINE WHERE DE LOS OF THE CHEDING DESTRUCTION FURNISHED DISCREE STEE MENU STREET, HER TREETER Awit Course basicount vertient sandare blood SP-S-A Eline innerel Hose, Hamosloud, St. Stort

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) 0910 M 5. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS DAYS last birthday) MONTHS HOURS nov. 22 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DE DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, ever if retired.) BALTIMORE, MARYLAND 2120 13a. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 130 STREET AND NUMBER 406 4. FATHER'S NAME Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, na, grunknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d) BETWEEN OMSET AND DEAT PART I. DEATH WAS CAUSED BY: Cerebrovascelan uns IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Cerebral atherescens rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Otheroschostic Heart Disease. freumonia. Carcinoma of the rectum RECORDS, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from affice 2, 19 82, to affice 9, 19 82, that (1) (we) last sow the deceased alive on affice 2 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED detached DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) shauld (State) 23a. BURIAL, CREMATION (County REMOVAL (Specify) DHMH-16 1/71 30M

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death

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6	1	FOR STATE REGISTRAR	DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 2	0	9 9	15
	(TYP	CEASED NAME RIPST		BU	RGESS	20. DATE OF DEATH	L 12	2 1982	18.45 M
1	3. SE	Female	White	S. DATE C	Fil 25,1901	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
达	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Balto. Md.	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE			CAR	2DLL	MD.
20	W	ESTMINSTEN	11. NAME OF HOSPITAL, NURSIN		EN 140SP	12d USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewi			OF BUSINESS OR
35	13a. !	Md. Bal	other institution give residence before 134. CITY OR TOWN CLyndo		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS But]	er Ro	ad	
30		Harry C.	MIDDLE King LAST		Mary Aeh	MIDDLE	an	LA!	51
2		WAS DECEASED EVER IN U.S. AR YES. NOOR UNKNOWN) {IF YES, GIV	MED FORCES? 166. SOCIAL SECU-		Mrs. Margare	t B. Baker		ndon, 1	ld.
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS CONSCOUR	ATIO GV	RAIN STEN	UCC	LUSI	4 5 0 2	DAYS DEAD VEAR
79	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 ARM. ETC.]		200 AUTOPSY? YES NO CITY OR TO	206. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES RT I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE

PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, TO FUNERAL DIRECTOR: After this certificate has been ATTENDING DHMH - 16 50M 1/81 (VRA 15, 4)

Druid Ridge Cemetery 24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136

April 15,82

236. DATE

obave, (1)

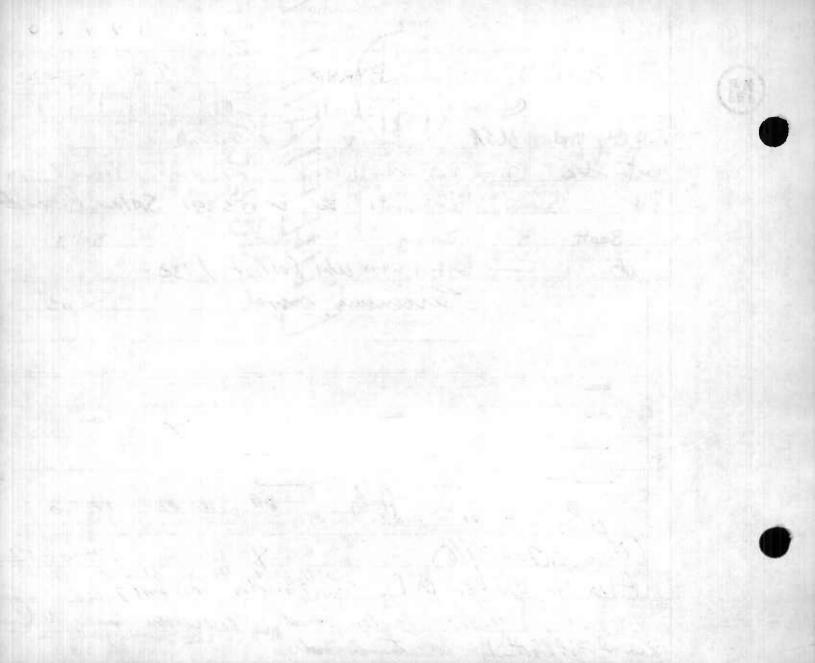
Burial

MATION, REMOVAL

Pikesville, Md.

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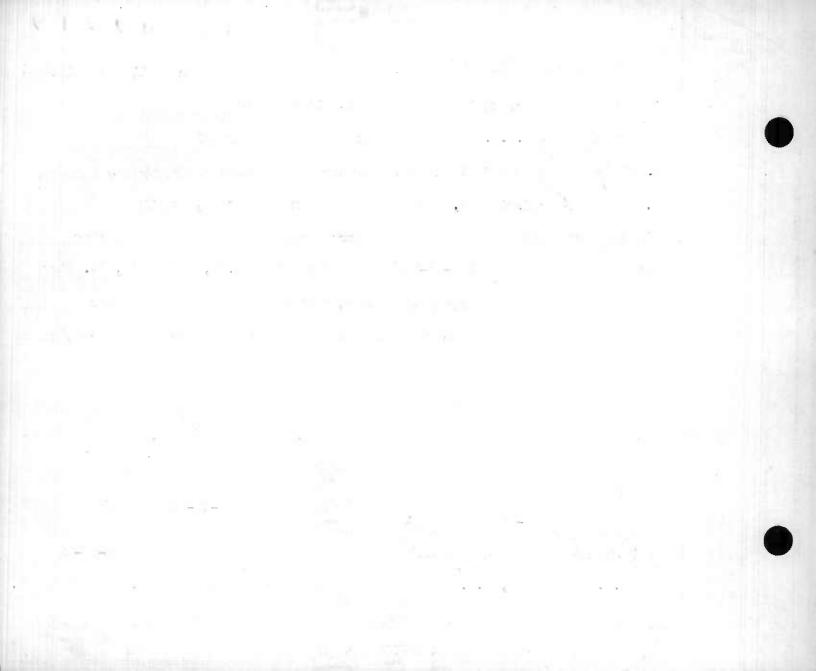


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STATE OF MARYLAND

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STATE OF MARYLAND



X &	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 9 9 2 0
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.
Tax 11 124 15	(TYPE OR PRINT)
R, REASE DECTOR AN STREET,	Levi Fleshman • Jr • DEATH MATED 4 28 19 82
PA, REAS DIRECTOR DOUR FILE (77) HOUS ON STREE	MONTH DAY YEAR LAST BERTHAN) MONTHS DAYS HOURS MIN PRODUNCED
20000	1100 WILLE 4 20 1906 U.
	Washington D.C. U.S.A. MARRIED NEVER MARRIED Carroll County Machington D.C. Carroll County
2 単名 単名	10. CITY OR TOWN OF DEATH Westminster 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County General Hospital 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Sealership
D, 21201 F ANY DELA 3, RETAIN PS 3, RETAIN PS 1, RECORDS	WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN Middleburg 13d. INSIDE (ITY LIMITS? YES NO 13e. STREET ADDRESS 5760 Middleburg Road
HE SAL	Levi F. Fleshman LAST Sr. 15. MOTHER'S MAIDEN NAME NOTHER'S MAIDEN NAME EVEN M. MIDDLE Sales LAST
BALTIMORE S. AFTER DEA GIVE PAGES TITH FORM P WISION DEV	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (1955. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 220 28 5466 17. INFORMANT Barbara N. Fleshman Same as #13 (Wife)
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE AS HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 31 HOULD BE ORGAN SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1.A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 in.
ITAL REC HOULD E HIEF ME HIEF ME OF HEAI RIAL, GF	196. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR AM MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ION OF VI	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19
DIVISION THIS CERTON WARDED PAGE 3 SITATE DEPOSED 2 1201 PR	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
MEDICAL EXAMINER: ECUTE THE CERTIFICATE, ROE 4 SHOULD BE FORD, FUNERAL DIRECTOR; THE REAL WITH THE SALTIMORE, MARYLAND,	22a. I certify that I took charge of the remains described abave, held an Autopsy V, Inspection , Inquiry , and in my opinion death resulted from: ACTUAL SIGNATURE
BP	230. BURIAL CREMATION, REMOVAL 235 DATE 5/1/82 236. NAME OF CEMETERY CANAXIANX 236 LOCATION Epiphaney Episcopal Church Forestville P.G. Maryland
DHMH - 17 (VR A15 ME (5)) 15M 2/80	12 FUNE RECIPE Clasch's Sons Funeral Home, P.A. Hyattsville, Maryland 250. Date Recipistran 250. Beyistran 250. Beyistran 250. By Registran 250. By Registra

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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	1	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	REG. NO.	9922
·(M)		CEASED NAME FIRST NORMAN	Edward	Fritz	Jr.	April 14,	1982 6.3 m
am 4 man	1 5	Male	4. RACE White	S. DATE	ch 8 1927	6. AGE (IN YEARS LAST BIRTHDAY) 55 YR	IF UNDER LYEAR IF UNDER 24 HRS
Menth Po	1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	WIDOW		9 BALTIMORE CITY OR COUN	
the tree		Westminster	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Carroll Count	ty Gen		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN COntractor	12b. KIND OF BUSINESS OR INDUSTRY Excavating
States of the st	13a.	Maryland Cari	OTHER INSTITUTION GIVE RESIDENCE BEFOR JTY 13c. CITY OR TOV COLL Westmins	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2914 Littlest	own Pike
completely s 1 and 2 s		Norman Edv	ward Fritz		IS MOTHER'S MAIDEN NA Elizabeth	Mildred	Stocksdale
be executed an and construction of the second co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION 212-26-2		17. INFORMANT Helena Fritz	2914 Littlest Westminster,	own Pike Maryland
equires that the death cer signed by the attending hen please remove carbo to buriol, cremation, or re njury, or other traumatice	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c). DUE TO, OR AS A CONSEQUENCE (c).	LOSA ENCE OF	Scleros	INAL DISEASE OR CONDITION	Meurs GIVEN IN PART TIO
The low re- icion. Sat permit. Giene prior Shows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
HYSICIAN: nding physicians certifics buriel-from ar frem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210. IN JURY OCCURRED WHILE NOT WHILE STANDARD		19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	1B PART I OR PART 2) COUNTY STATE
O HOSPITAL OR ATTENDING P etained by the hospital or atter TO FUNERAL DIRECTOR: After ti should be detached for use as the with the State Dept. of Health and MPORTANT: If them 21 is marked		27a. I certify that (I) (this haspit saw the deceased alive an above, (I) (week (did)) (did not 27b. SION ATURE	ol) ottended the decesed from 19	824.	DEGREEA	death occurred on the date and l	that (II (wo) lost hour and from the causes stated
TO HOSP TO HOSP with the Should be with the Should be with the Should be with the Should be shou		BURIAL, CREMATION, REMOVAL SPECIFY, BURIAL	23b. DATE 23c. April 16, 1982		EMETERY OR CREMATORY reen Mem. Gar	23d LOCATION / CHARGE FIRMSburg,	Carroll, Mail
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAT DIRECTOR	Howings Mills			E REC'D. BY REGISTRAR 256. REG	

April 14, 1982 / 6 52	.16 ,2	Jest .	brawist		
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				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0	9 9 2 3
. 38		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	20 1100K
		BOBERT	C	GEIST	4-9	-82 245A
4	3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
- 3		m	CAUCASION	10 10 02	79 YRS	, and a second
201		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	FDEATH
		Maryland	USA	WIDOWED DIVORCED		OUNTY M
90		EST MALE TO SE	(IF NOT IN SUCH FACILITY, O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY
ben	USU	ESTMINSTER. AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDE	H. VILLAGE H.C.C.	DUILUER	
125	130. 3	STATE 13b. COUN		OR TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	CTA
Je.	14. F/	MO. CAR	KOLL HAM	PSTEAD YES NO 1		AIN STREET
06	TO	FIRST	MIDDLE .	LAST	MIDDIE	IAST
	160 V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? TAL SOC	ST SARAH IAL SECURITY NO. 17 INFORMANT	ADDRESS	HURST
medico		YES, NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES)		mas Zepp, Upperco,	ма
	-	NO			as zepp, opperco,	
t, t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line far to DBY:		204	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o e v		IMMEDIAT	E CAUSE (o)	CINOMATOSIS/PE	MARY DNKNOWN	4 month
E OE		1790	DUE TO, OR AS A CO	DNSEQUENCE OF		No. Company
		Conditions, if any, which gave rise to immediate	(b)			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DNSEQUENCE OF		
			(c1			
	NO O	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	I IN PART Ita
0	FICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
7	FF				YES NOT IN CERTIFYII	NG CAUSES OF DEATH?
0	CERTI	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IB PAR	
7		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR		
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	Y 211. LOCATION		
	ž	WHILE NOT WHILE D	(AT HOME STREET, FACTOR	Y. OFFICE, FARM ETC.) STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (1) (this hospit	tal) attended the decease	ed from 4=3 10 82	2 to 4-9	8, that (I) (we) las
		sow the deceased alive on	4-8	19 8 and that in (my) (our) opinion		
		obove, (I) (we) (did) (did no:	ti view the body after deat	hh. DEGREE		27c. DATE SIGNED
		Mon Pot	u S	M. ATTENDING PHYSICIAN	MEDICAL STAFF	4-9.80
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	122e ADDRESS	DIRECTOR PHYSICIAN	1//
		(1) P 111	OTHICUM	m) TADE	YTOWN MI	21782
MPORIAN	22- 0	MIDIAL CREMATION OF ICE		The state of Charles	Tour July	-1/02
	230.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	rroll Md.
	-	JURIAL DIRECTOR	4-12-82	Hampstead Cemetery	Hampstead Car	rroll Md.
1		NAME		ADDRESS	D 1 6 1000	I Mostly
	1	Cline Funeral Ho	ome, Hampste	ad. Md. 21074 AP	KI U 1986 France 7	7

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ectar, page 3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the bishould be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 mould be with the State Dept. at A flexible and Aental Hygene prior to buriol, cremation, or removal.

executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital ar attending physician.

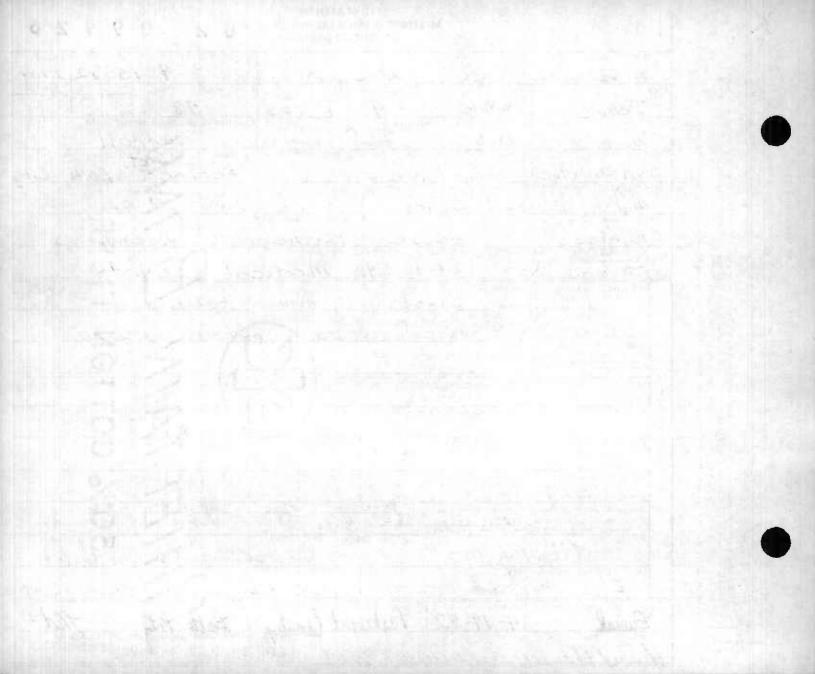
BP. DHMH - 16 50M 1/8 (VRA 15, 4)

	1-	FOR - STATE REGISTRAR	C	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	YGIENE 8 2 0	9924
7		CEASED NAME FIRST	(NMN)) Ge	HIMTON	20. DATE OF DEATH MONTH	8 82 0243A
	3. SE	Male	4. RACE White	Fe	b. 7, 1912	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
85	M	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIE		Carroll Co.	, MD.
60	We	stminster	carroll c	o.Gener	al Hospita	120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING UP Farmer-reti	126. KIND OF BUSINESS OR INDUSTRY
35	13q S	AL RESIDENCE (IF NURSING HOME OF STATE 13 COUN CAP)	VITY II3c CITY	or town esville	13d. INSIDE CITY LIMITS? YES NO K	1213 W. Libe	rty Rd.
(02		John		odwin	Florence	MIDDLE	Bair
The area		vas deceased ever in u.s. ar yes, no grunknown) (if yes giv	VE WAR OR DATEST	-12-178	7 C. Marie	Goodwin, Same	As #13
•7	IFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost PART 2 OTHER SIGNIFICA-	yes ag	ING TO DEATH BU	I NOT RELATED TO THE TEI	RMINAL DISEASE OR CONDITION GIV 20a. AUTOPSY? 20b. IF YES	EN IN PART I 10 . , WERE FINDINGS USED YING CAUSES OF DEATH?
9	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		19	211 LOCATION	YES NOT YE URRED (ENTER NATURE) IN ITEM 18. P	S NO NO ART I OR PART 2)
	WE	WHILE AT WORK 220.1 certify that of (this haspi saw the deceased alive on above, (things) (did not strength of the same same same same same same same sam	4118	d from	nd that in (my) (par) apinic DECREE		19 . that (I) (per) last r and from the causes stated
		224. PHYSICIAN'S NAME OTHIC	Distriction of	C	22e. ADDRESS		
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 4-21-1982		cemetery or cremit of nezer	Winfield, Ca	a fi
1		uneral director narTes W.Burr	ier,Jr.,Sy	Kesvill	e, Md. 250 A	PR 2 2 1982	RAR'S SIGNATURE

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FOR		DEPARTMEN	STATE OF MARYLAN T OF HEALTH AND MI		0	0 0 1	9 12
- STATE REGISTRA	R	MEDICALEXA	MINER'S CERTIFIC	CATE OF DEATH	REG. NO.	776	4 2
1. DECEASED N (TYPE OR PRINT)	AME FIRST Kennet	th Eugene	1/2			MONTH DAY Y	PZ 20
3. SEX	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR LA	GE (IN YEARS IF UNDER 1 YR. ST BIRTHDAY) MONTHS DAYS 52 YRS.		DATE NOUNCED DEAD	MONTH DAY	YEAR OZ 735
70. BIRTHPLACE FOREIGN COUN Maryla	(STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	VER MARRIED . 9. BA	Carroll		TH
Westmir		II. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Carroll Co. Ge	CHOME, OR OTHER INSTITU DDRESS) n'l Hospital	FOR MOST O	CCUPATION (TYPE OF WORKING LIFE)	F WORK 126. KIND	OF BUSINESS DUSTRY
USUAL RESIDEN 130. STATE Md.	ICE (IF IN NURSING HOME OUT) 136 COUN Car		OWN 13d INSIDE C	ITY LIMITS? 13e. STREET A			
14. FATHER'S N	AME	MIDDLE LAST	15. MOTHE	ER'S MAIDEN NAME	WIDDIE	LAST	
James IM WAS DECE	ASED EVER IN U.S. AR	R. Hagan MED FORCES? 166. SOCIAL S	ECURITY NO. 17. INFORM	a ce	ADDRESS	Rill	
YES, NO, OR UP		WAR OR DATES)		Bonnie D. C		lo a t mi n a t a	er. Md.
PART Canc gave cave lying	IDEATH WAS CAUSE IMMEDIA Interest in any, which rise to immediate (a) stating the under cause last.	(b) DUE TO, OR AS A CONSEOL	PENCE OF), to her	4	BETWEE //OC	NAME INTERVAL
NO	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION H OPERATION WAS PERFOR			20. AUTC	OPSY?
NE NE						YES	- 4
	RNAL CAUSE WAS ING OR UTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 19 21c. HOW INJURY	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
WHILE AT WOR	RY OCCURRED NOT WHILE [AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
77s. 1	certify the Ttook char-	ge of the remains describes obove, by	d an Autopsy	Inspection Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	ed manner .	DATE SIGNED	191/82
(TYPE OR			ADDRESS_	0			
23a.BURIAL, CRE	MATION, REMOVAL	23t. NAME	OF CEMETERY OR CREMATO	DRY 23d LOCATI	ON		STATE
Parmi o I		1. 77 82 Tah	Casthan Ma 77		WN	COUNTY	
Burial 24 FUNERAL D		4-17-82 John	Luther Miller		inster	Carroll Carroll MARS SIGNALINE	. Md.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION OWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY LIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? NO K TATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCE VEORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY Instrut IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF 2410 Canditions, if any, which gave rise to immediate cause (a), stating the 410. underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION HE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INTURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WENNEY TH AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. 19 80 19 820 _, and that in my (aur) apinian death accurred an the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (YPE OR PRINT) 22e. ADDRESS 24 THE BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h DATE 24 FUNERAL DIRECTOR REGISTRAN'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	9 9 2 8
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1)		CLIN		JENKINS	4-	1-82-2048
1	3 SE)		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
		Male	White	7-28-1909 YEAR	72 YRS	MIN.
33	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Carroll	Y OF DEATH
60		ry or town of death estminister	(IF NOT IN SUCH FACILITY, GIVE STREET	anty Gen. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Retired	12b. KIND OF BUSINESS OF INDUSTRY
35	13a S M	aruland Car	roll Finksby	N 13d INSIDE CITY LIMITS? 2PG YES NO CO	MIDDLE	LAST
\$.0C	6a W	Ashby Jenk (AS DECEASED EVER IN U.S. AR	ins MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	Marsh	
nedicol	{Y		228-40-	9440 George	B. Jenkins F	inksburg, Md
		PART I DEATH WAS CAUSE	oly one cause per line for (a), (b), and D BY. TE CAUSE (a)	ا المال	107171	BETWEEN ONSET AND DEATH
		conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO B	no ruso coud	a'GL Outroti OM Out DINEase All Al Disease or CONDITION GI	VEN IN PART I (a
9	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
100	EDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			tal) ottended the deceased from 19	3 - 20 - , 19 & 2 5 2 , and that in (my) (our) opinion	deoth accurred an the date and ho	, 19 <u>9 ? , that (I) (we) lo</u> ur and Iram the causes stated
		226. SIGNATURE	dieduraga	The state of the s	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MA CKING		270. PHYSICIAN'S NAME (TYPE O	BDU NAGAN	NA 174 E MO	ungt- west	inter MD2115
_ [(URIAL, CREMATION, REMOVAL PECIFY) Burial		ame of cemetery or crematory asonic Cemetery	Washington	appahannock Vipginia
81		NERAL DIRECTOR	Hanso Coll	Neper. UA 250. DA	E REC'D. BY REGISTRAN	TRAPE SEMANOR

Services in the control of the contr And the state of t

23b. DATE

Skiles Funeral Home, 136 E. Balto, St. Taneytown

1982 Mt. Hope Cemetery

Md. 21787

20. DATE OF DEATH MONTH 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Own home 28 E. Baltimore Street Shank 21787 George Johnson, 4234 FSK Highway, TaneytownMd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arrhythmia. Mitral Valve Disease 9-22-80 to 4-28-82 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4-28-82

REG. NO.

STATE

Woodsboro, Fred. Marvland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURD:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 7/77 (VRA 15 (4))

BP.

FOR

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

DECEASED NAME

- STATE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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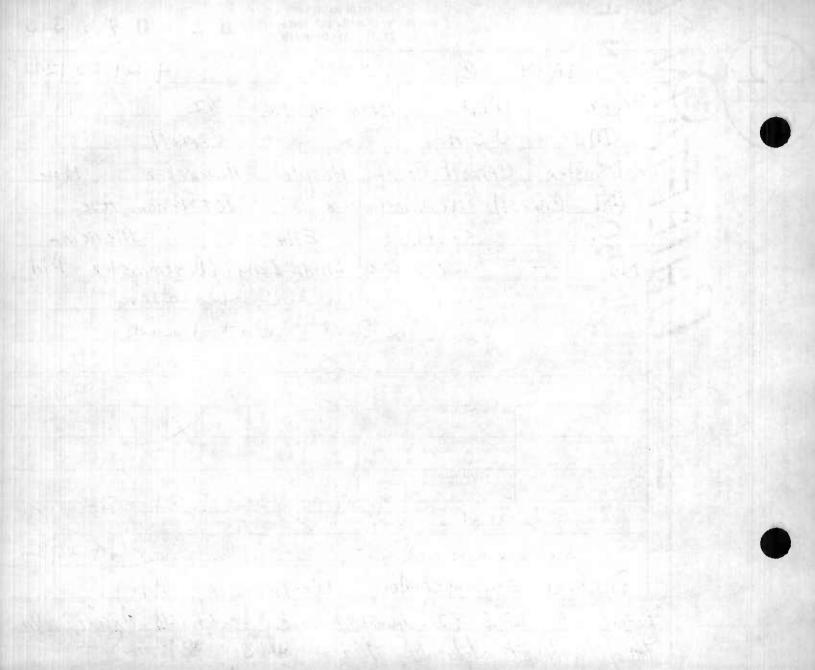
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1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF	
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may bo poge	3. SEX	4 RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER	RARRIED ONORCED ON BALTIMORE CITY OR COUNTY OF DEATH
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E, MARYLA coupletely to a s 1 and 2 sho	14. FATHER'S NAME FIRST Rankins	Matthews 15. MOTHER	R'S MAIDEN NAME FIRST MIDDLE LAST UNKNOWN
T., BALTIMORE, MARYLAND Ifficate be executed within 24 physician and campletely fille napopers. Pages 1 and 2 should mavol. vent, the medical exeminer mus	16a WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	ADDRESS Lake Placid, Flaur L. Little Jr. 50-28 Paradise M.V.
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30/BP	(SPEBurial	3 May 1982 23c NAME OF CEMETERY OF Druid Ridge	Cemetery Pikesville Balto Co
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR Burgee Funera	al Home 3631°Falls Rd. 2121	256. DATE REC'D. BY REGISTRAR DE PEGISTRAR D

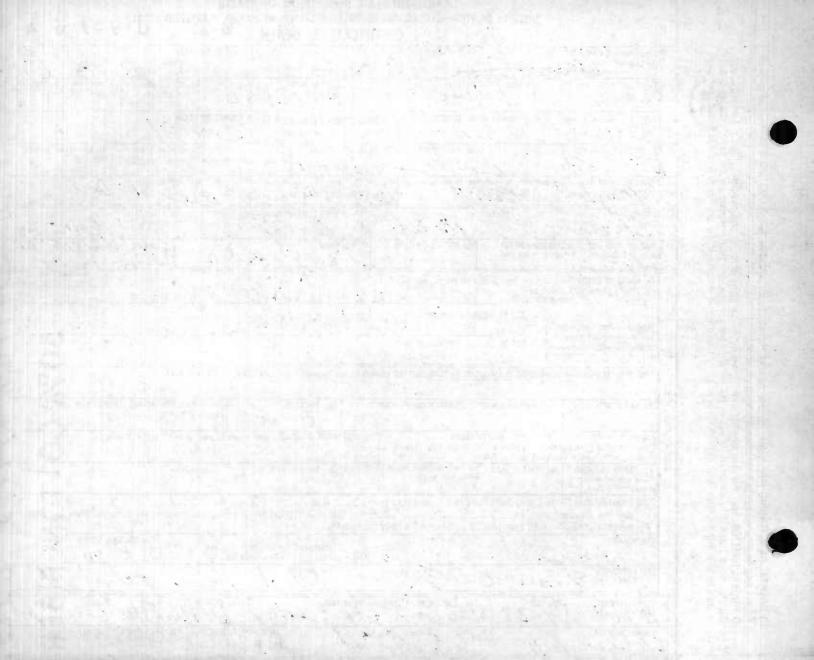
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212Q1
	CERTIFICATE OF DEATH 8 4 0 9 9 3 4
٠ 7 ٢	1. DECEASED NAME / 1987 First BC/17 & CMHodile Last 2a. DATE OF DEATH 2b. HOUR
death.	(Type or print) Worth Doy Year 9: 4/A
ar d	3. SEX 4. RACE 1 1 S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
* (M)	Female White 4-20-82 last birthday) YRS. MONTHS DAYS HOURS MIN 10
4 haur	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTRY) 25 fm 15 fb 45 fb
vithin 2 vithin 2 vithin 2 vithin	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired.) 12. INDUSTRY
smplete ve carb	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) FATE, Jane 13b OUNTY 1011 UE 5 fm 145 /2 YES NO MEMORY 101.
and co	14. FATHER'S NAME First Middle McBeth 15. MOTHER'S MAIDEN NAME First Middle Koon tz
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in 19-the funeral should be detached far use as the burial-transit permit. Then please remove carban paper and 2 and 2 with the State Dept. at Health priar to burial, crematian, ar removal, and to any event, within 78 powers death	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or diplogram) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. Lautes 5. McBett 6.25 thin 5 lev mil.
cert g pl Ther mov	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requestion signatures of the signature o	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding	The state of operation 196. Condition for which operation was performed 206. Autopsy? 206. If yes, were findings considered in certifying
ds base bring	CALISES OF DEATHS
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A Here	The first moon decourse (Emot hards of mot) in fall 2, from 10.
SICI spit spit entitle ed af a a f	[If either, natify medical examiner] P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cre-	While Not while at wark at wark
by fter fter be Stat	22a. I certify that (I) (this haspital) attended the deceased from 4-20, 1982, ta 4-20, 1982, that (I) (we) las
END ned St. A st. A	saw the deceased alive an
TT daily shall be sha	22c. DATE SIGNED
OR OR of or	DEGREE ATTENDING MED. STAFF PHYS. C C 20 82
AL C L DI age file	22d. PHYSICIAN'S 2
SPIT 4 md IERA or, p	NAME (Type) Sherman Charge Nashington Heights Medical Center
TO HOSPITAL OR ATTENDING PHYSICIAN: The law raped and be retained by the hospital ar attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to	230. BURIAL (REMATION, 23b. DATE 22-82 ST. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Caupty) (State) Ind.
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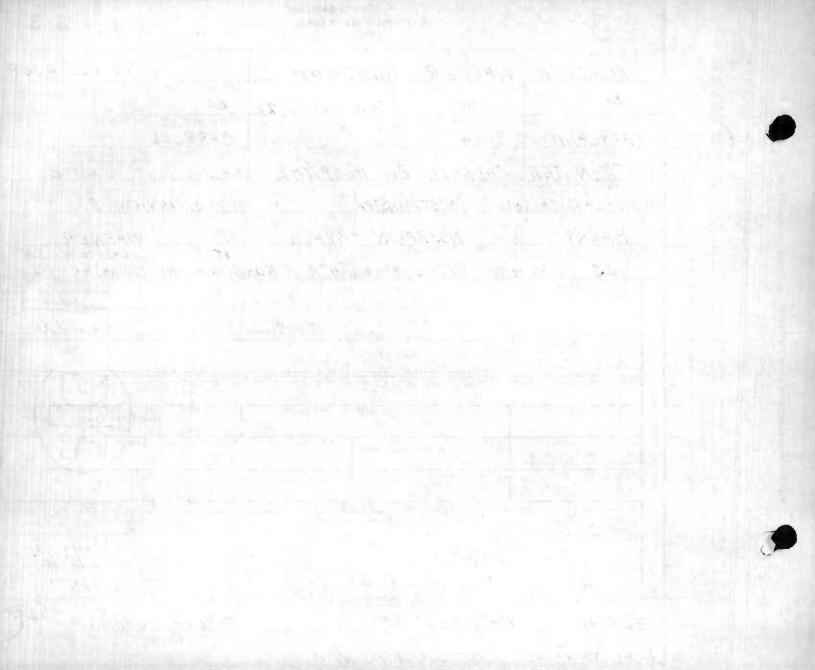


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910	3. SE	X	4 RACE	5. DATE (DE BIRTH H DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	# UNDER I	YEAR IF UN	IDER 24 HRS
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2		22b. SIGNATURE	//		DEGREE			22c f	SATESIGN	1/25
should be detoched with the Stote Dept.		228 PHYSICIAN'S NAME (TYPE	Street Street	cag/	ATTENDING PHYSICIAN (27e ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICIAN [4	1/19	180
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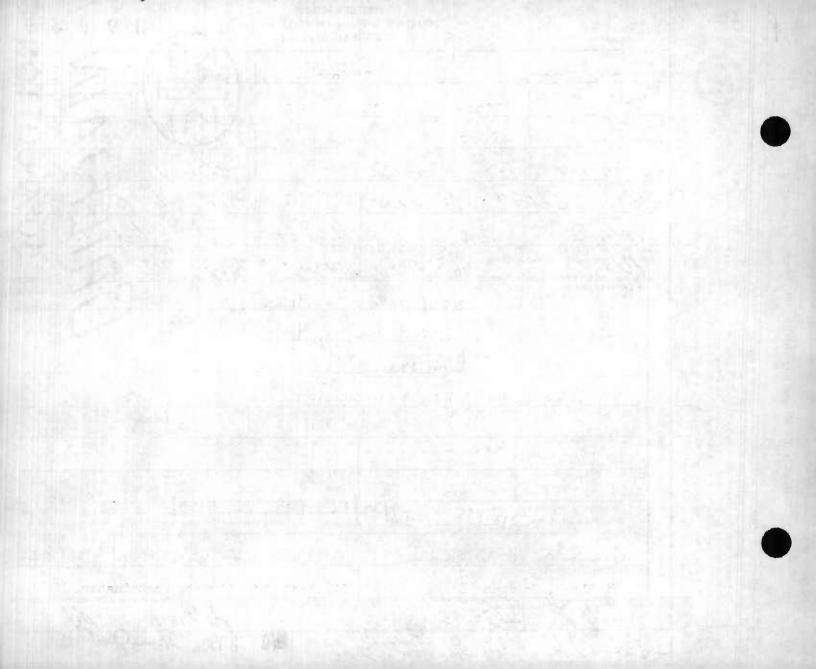
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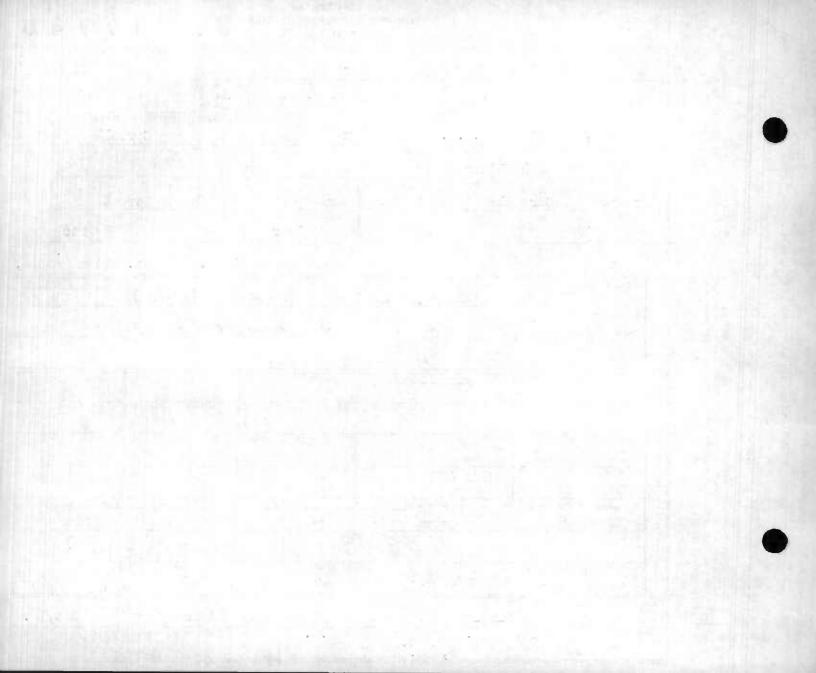
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR WARNER 1,30 1 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR O. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MGR SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 237 CLEARYIEW NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1537 ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NESTMINSTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Conor gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ≥ underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION prior bee mit. any 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 DIVISION 21f. LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from £2, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated sow) the deceased alive on (did not) view the body ofter death TO FUNERAL DIRE should be detached with the State Dep ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT: 22d. PHYSICIA AME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION CITY OR TOWN (SPECIFY) BURIAL 24 FUNERAL DIRECTION DHMH-16 60M 1/73 (VR A 15 (4))



7	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 9 9 3 9
9 24 1		CEASED NAME FIRST E OR PRINT) Harry	WIDDLE	O'Nions		MONTH DAY YEAR 126 HOUR 4 27 82 8 15 PM
T Hook	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE IN YEARS LAST BIRT	W [6] 9
Page dir d	7a B	IRTHPLACE (STATE OF FOREIGN	White	11 27 01	9 BALTIMORE CITY OF	YRS.
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be execu		WAS DECEASED EVER IN U.S. AF YES MOOR WIKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SI	9-2757 Margaret 0	. Kley	17 Pock Kd.
physicia npaper moval.		PART I. DEATH WAS CAUSE		/	/	APPROXIMATE INTERVAL BETWLEN ONSET AND DEATH
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the hospir the hospir toched for toched for them 2		27b. SIGNATURE	The wife oddy offer death.	DEGREE	MEDICAL STAFI	220. DATE SIGNED
SPITAL J by 1 VERAL De de State		224 PHYSICIAN'S NAME (TYPE	N. Nagamu	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICI	AN [] 7 20 02
TO HOSPITAL (retained by the TO FUNERAL II should be deto with the State E IMPORTANT: If		Vimila N. N	aganna U	174 East Ma	ain Street, N	Westminster, MD
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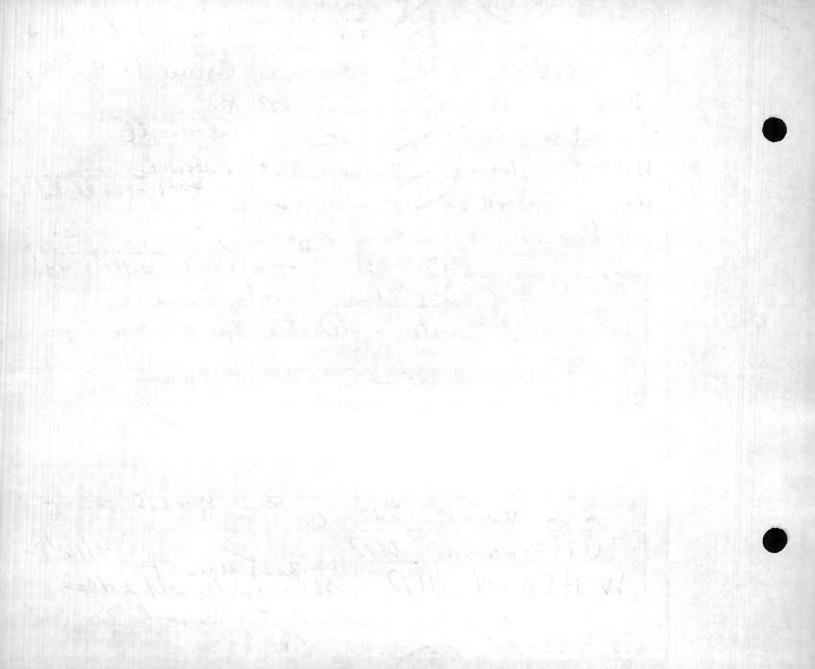
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN L'INTE CHIEFLE OF ESTI-Paul Columbus 4 RACE SEX AGE INVEST YR. IF UNDER 24 HRS DATE RONOUNCED Male White Oct. 31,1905 DEAD TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE INTAILOR MARRIED NEVER MARRIED U.S.A. Maryland Carroll Co .. DIVORCED S WIDOWED [B. CITY OR TOWN OF DEATH 12s USUAL OCCUPATION (TIPLOF WORK 12s KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. OR INDUSTRY Farmer-Retired COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Carroll Maryland 1103 N. Main St. I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MEDICAL AMPOOSE Rigler Spurrier Henry Gertrude Ite. WAS DECEASED EVER IN U.S. ARMED FORCES! 17 INFORMANT 164 SOCIAL SECURITY NO ADDRESS. LYES, NO, OR UNKNOWNO 219-44-84644 No Jessie B. Hahn. Same As 18. CAUSE OF DEATH (Enter only one couse per PAPERCHARATE PITERVAL BETWEEN CHILET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: ON AS A CONSEQUENCE OF Conditions, If any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 78. AUTOPSY? YES [] TIE EXTERNAL CAUSE WAS 116. TIME OF INJURY THE HOW INJURY OCCURRED LENTER HATURE OF INJURY PHITEM IS PART I OF PART 23 HOUR AM MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY SATHONE 214 INJURY OCCURRED ZIF LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OF TOWN CIDGRITY WHILE AT WORK EXECUTE THE CERTIFICATE, WAS PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE OF THE PROPERTY OF 226 I certify that Look charge at the remains described above, held Inspection and in my opinion ACTUAL 23s BURIAL CREMATION, REMOVAL 23s DATE 73c NAME OF 4-29-1982 Pine Grove Carroll BP 24 FUNERAL DIRECTOR THE DATE REC'D BY REGISTRAR THE REGIST CANS BEGINNINGE **DHMH-17** Charles W. Burrier, Jr.", Sykesville, Md. (VR A15 ME (5)) 15M 2/80

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- 1	A DO TO THE	3. SEX	(4. RACE	5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER		2c. DATE	ICED	MOR	NTH .	DAY	YEAR	MANY
	ON STATE]	Temale	White	8	24	12	60	RS.	DAYS	HOURS	MIN.	PRONOU! DE AC)	4	- 1.	3 12	82	25
	Mage 1	FC	RTHPLACE (5)	TATE OR	7b. CITIZEN		AT COUN	TRY?	8 MARRI	ED NE	VER MARR	IED 🗆	9. BALTIN	AORE CIT	Y OR CO	UNTY	OF DEA	TH	7
	DATE STORY		aryland			USA		GB/1	WIDOW		DIVORC			rroll					MD.
	S HE S		TY OR TOWN		11, NAME	OF HOSP	ITAL, NUR	SING HOM	, OR OTH		TION		JAL OCCU		(TYPE OF W	ORK 17h	OR IN	OF BUS	INESS
11.5	30° 84		cesvill					spita		iter		r	one				non	е	
	ANY ANY DANY DANY DANY DANY DANY DANY DA	13e. S	RESIDENCE TATE ryland	(IF IN NURSING HOME O		UTION, GIVE	13c. CITY	or town timore	ON)	13d. INSIDE CI	NO [13° STR	EET ADDRI	ess Voods	on R	oad			
133	MD.		THER'S NAME		WIDDLE			AST		15. MOTHE	R'S MAIDE	N NAME		AIDDLE			LAST		
	AN A		Gerome				Pick	ett			va.					Pl	nill	ips	
	PAK		VAS DECEASEI	DEVER IN U.S. ARA				IAL SECURIT		17. INFORA				ADDR					. = 01
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	S, 201 W		lying cau		(c		S A CON	SEQUENCE	OF								/		
	SA BUG EMATIN	N.	PART 2 OTHER SI	GHIFICANT CONDITIONS			IT NOT RELA	EO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PA	RT 1 (0).							
	AL REA	CERTIFICATION	19e. DATE OF	OPERATION	196	CONDITIO	ON FOR V	VHICH OPER	ATION W	AS PERFOR	MED?						20 AUT	OPSY?	,
	F 3890000	E														7	YES		NO X
			UNDERLYING	CAUSE WAS OR NG CAUSE OF D	HO	TIME OF I	MONTH		21c. HC	OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART T	OR PART 2			
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	ETHIS CERTIFICATE, WRITING THE VAWARDED TO THE PAGE 3 SHOULD STATE DEPARTME (2) 21201 PRIOR TO	¥	WHILE AT WORK	NOT WHILE I	1 DSI	REET, FACTO	RY. FARM, ET	CI	S	TREET			CITY OR TO	WN		COUNT	Y		STATE
			7397	ry that I took charg	of the rem	ary desc	odo Del	ve, held in	Autop	, D.	Impection	Z	Inquiry	A	and in m	у артпи	an		
			death regula	ed from	aleouses I	1	Accident	D. 50	icide 🔲	Home	de D	/ Undet	ermined m	onner].				
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1. 10.	HANGER —		SIGNATURE	- tuga	ALC.	E G	4	/	м	D. 8	fully	MED	ICAL EXAM	HER) SI	ATE GNED		Pril	DV
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BATTIMORE, MARYL	-	EXAMINERS	NAME OF		Als	·/· is	1011	07	K	Tayl	oll	ant	125	Daca	139	000	-	
	SALIE SALIE	73a B	TYPE OR PRI	TION, REMOVAL	IN DATE	17.97.6	111	IAME OF CE	AETERY O	ADDRESS_	WES	1982	CATION	000	201				
	/ MRD	B	4RIAL	- INDIVIDUAL S	4/11	7/8:	2 5	T. M	ARY	115	JIN 1	CILY	A LT	0. 1	14	COUNTY	2 11	STA	TE
2	1680F	24. F	UNERAL DIREC	TOR		ADDRESS		/	11			1	REGISTRA	1/1	EGIS (A	15 510	HUR	(em	
	(VR A15 ME (5))	10	aule	Mouran	rex6	361	170	head	mb,	Tu,	APR	10	1982	Allan	1				
	15M 2/80																		

APPRIATE ATTEMPTED TO A CONTRACT STATE OF THE STATE OF TH

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO. CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINTS 3 SEX AGE IN 5. DATE OF BIRTH EARS LAST BIRTHDAY) STATE OR FOREIGN BALLIMORE CITY OR COUNTY OF DEATH ITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET AUD YES [NO 14 FATHER S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE (yes, no or unknown) (IF yes, give war or dates) 166 SOCIAL SECURITY NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate other couse al, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 JF YES, WERE FINDINGS USED 20e AUTOPSY? CERTIFYING CAUSES OF DEATH? YES [NOT NO [Mentol Hygi 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY B 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL 0110 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION ä 21e PLACE OF INJURY STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 22. and that in (my) (aur) apinian deoth accurred on the date and hour and from the couses stated DEGREE = ATTENDING FUNERAL PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS should be 230 BURIAL, CREMATION. 23¢ NAME OF CEMETERY OR CREMATORY REMOVAL 23b. DATE BP. 24 FUNERAL DIRECTOR D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))



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Then please remains con

should be detached for use as the burial-transit permit. Then please the with the State Dept. of Health and Mental Hygiene prior to burial, are

IMPORTANT: If Item 21 is morked or Item 18 show

TO FUNERAL DIRECTOR: After this certificate has be

ottending ph

etoined by the hospital

BP.

njury, or other tra-

		ATE OF MARYLAND		
FOR STATE REGISTRAR	DEPARTMENT OF CERT	FHEALTH AND MENTAL HYG FFICATE OF DEATH	6.0	0 9 9 4 4
CEASED NAME FIRST .	WIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
OR PRINT)	L.M.	Seiler	n Daie Of BEath	11 12 22 -
11141/6	RACE	E OF BIRTH	6 AGE IN YEARS LAST BIRT	I COUL M
Female	White 13	NTH DAY YEAR	79	YRS
RTHPLACE ISTATE OF FOREIGN 78	LOUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
linnesota		WED DIVORCED	Carro	Il County MD.
TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION	
lestmister (Carroll Lutheran	Village	Housen	1
L RESIDENCE (IF NURSING HOME OR O TATE 138 COUNT		N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	(()
10 Car	roll Eldersburg	YES NO NO	6564 Ma	rebeth way
THER'S NAME	IDDLE ALLE	15. MOTHER'S MAIDEN NA	ME MIDDLE	
William	1 Cack	Emma	WIDDLE	Z LAST
(AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRES	SS Eldersburg, Md.
NO -	- 215-10-1787	Katharine Se		
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	/ / //			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4343	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if ony, which	1 BSCVO			3 VK
gove rise to immediate				13
underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
			THE DIDENSE ON CONT	AND TO STREET WELL THE
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
			YES TI NOW	IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	
OR CONTRIBUTING CAUSE OF DEATH		iR .		
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	211 LOCATION	,	
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY STATE
220 I certify that Athis hospito	I) ottended the deceased from	in 19 8.	2 10 412	19 & Z that (D(we) lost
sow the deceosed alive on_	4-9 19 82	and that in (our) opinion	deoth occurred on the do	te and hour and from the couses stated
obove, (f) (Ne) (fid) (did not)	view the body offer deoth.	DEGREE		22t. DATE SIGNED
1 H H 1 F A 1 M	11 4111111			

sow 22d. PHYSICIAN'S NAME TTYPE OR PA

23b. DATE

Apr

15,82

220 ADDRESS

230. BURIAL, CREMATION, REMOVAL

Burial

FOR - STATE REGIS 1. DECEASED

3. SEX

7a BIRTHPLAG

USUAL RESID

14 FATHER'S

160 WAS DEC IYES, NO OR

CERTIFICATION

MEDICAL

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore,

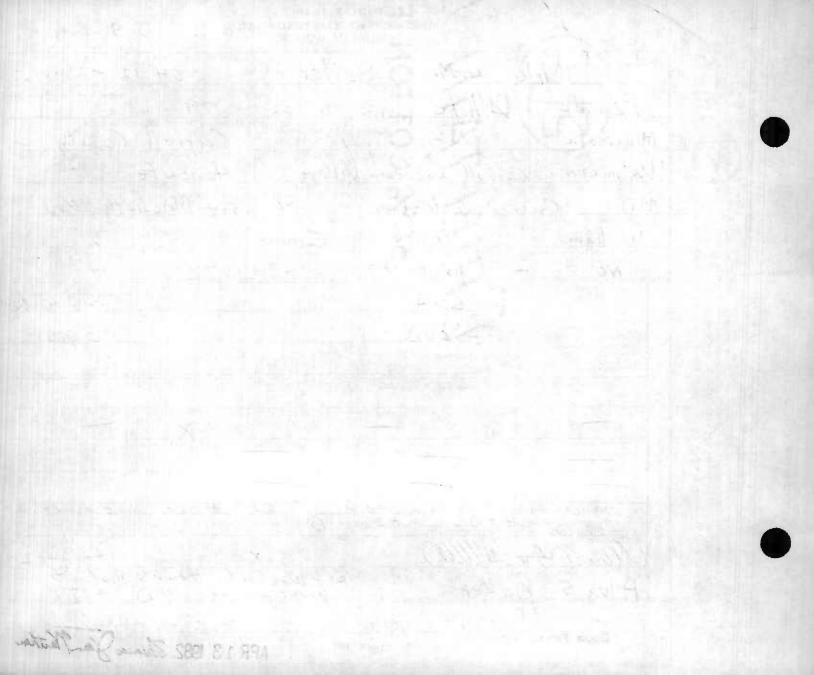
COUNTY Maryland

24 FUNERAL DIFDIPOEI Funeral Homes,

Parkwood Cemetery ADDRESS Baltimore, Md.

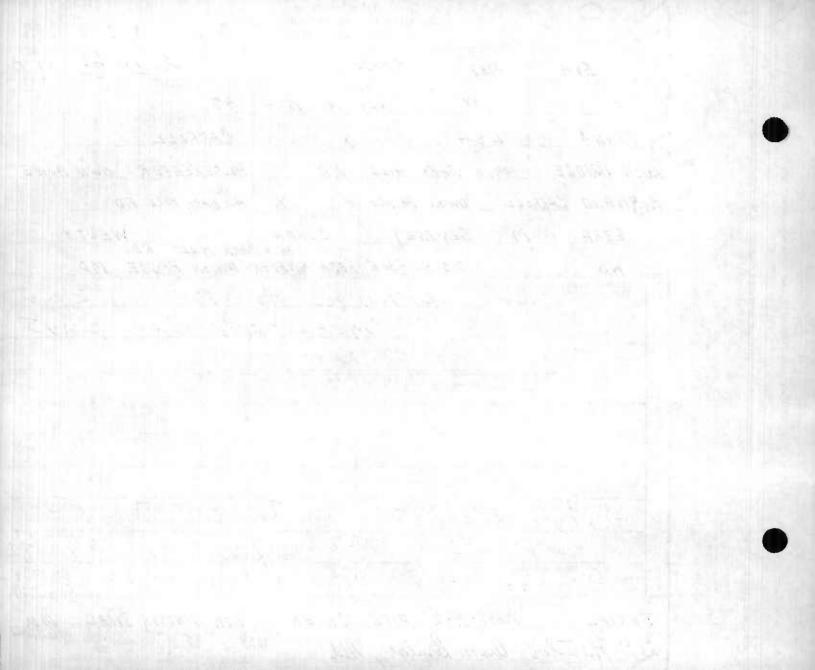
STATE

DHMH - 16 50M 1/81 (VRA 15, 4)



1	- STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	YGIENE 8 2	0,9945
	DECEASED NAME FIRST TYPE OR PRINT) EVA	MAY	SNADER	20 DATE OF DEATH	29 82 7 AM
3 S	SEX F	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR MAY 15 1884	6 AGE (IN YEARS LAST BIRT	HDAY)
570	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED [WIDOWED DIVORCED [9 BALTIMORE CITY O	COUNTY OF DEATH MD.
0 11	WAN BRIDGE	3910 BARK	HILL RD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE KEE)	WORKING LIFE) INDUSTRY
E 130		TY 13c CITY OR TO	BRIDGE YES NO	3910 BARK H	14 RD
(2)	EZRA	MIDDLE SENSEN	15 MOTHER'S MAIDEN PERST	MIDDLE	WELTY
The state of the s	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE 2/2-50		BARK HIERORE ER UNION BI	RIPGE MD
traumatic event, the	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT		andlat h	pric C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIN JULY 5
NO		DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO THE CONTRIBUTIN	O DEATH BUT NOT RELATED TO THE TE	rminal disease or cont	DITION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
2 1	OR CONTRIBUTING CALISE OF DEA	THE PARTY AND ALCOHOLD		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
MEDICAL	AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOW	N COUNTY STATE
Item 21 is marked	220.1 certify that W (this hospit sow the deceased glive on above, W well did did no 22b. SIGNATURE	10720) 19	72/1	on death occurred on the do	te and hour and from the couses stated 22c. DATE/SIGNED
N. T. T.	22d. PHYSICIAN'S NAME (TYPE OF	RPRINTI	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	IANO 14/29/82
with the	30 HW C	EXTOR	1104 N	MAINS	T. UMONBRIOGE
≥ 230	O. BURIAL, CREMATION, REMOVAL	ZN DATE 2	NAME OF CEMETERY OR CREMATOR	y 23d. LOCATION	COUNTY

STATE OF MARYLAND



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STATE OF MARYLAND

S. Contraction of the contractio	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 0 9 9 4 7
: (M)	1. DE (TYPE	CEASED NAME OR PRINT)	LIAMIDDE & STAIR, JR.	130 Am
ge 4 mo)	3 SE	MALE	4. RACE WHITE S. DATE OF BIRTH MONTH DAY YEAR 10 17 1914	6 7 YRS. IF UNDER 1 YEAR IF UNDER 24 HIS.
death. Page		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	ARROLL MD.
of the for	10 C	OSTMUSTER	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1531 HUGHES Shee Policy	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY, ACTER
ND 2120 124 hours filled in tould be in	USU 13a	AL RESIDENCE (IF NURSING HOME OR ITATE 13b COUN	RROLL WESTMINSTER YES NO IN	1581 Hugher Shop Rd
uted within completely I and 2 sh	(m)	William F	STAIR SO STAIR SO STAIR	MIDDLE THY YERS LAST
NLTIMORE, The be executed to the services of t	160.	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE VES	med forces? The social security no. 17 Informant 217-07-3463 Evelyn St	ADDRESS 73 C APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death certifical by the attending physolease remove carbon poprial, cremation, or remove or an other traumatic event,		Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.	Dy: E CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	Mif
L RECORDS, n. le law requir n. has been sign permit. Then ene prior ta b.	CERTIFICATION	190. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. AUTOPSY? YES NO YES NO
PHYSICIAN: The ending physicion this certificate had buriol-transit pad Mental Hygier d or them 18 should	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (HE ETHER, NOTHEY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	WEI	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
R ATTEN haspital RECTOR: ned for us ept. of He		saw the deceased alive an	try view the body ofter deoth. DEGREE	n death accurred on the date and hour and from the causes stated
TO HOSPITAL O etoined by the TO FUNERAL DI Should be deroid with the Stote DO MADORTANT: If I		224 PHYSICIANS NAME (TYPES		MEDICAL STAFF DIRECTOR PHYSICIAN STAFF S. Marw Step
Bb		BURIAL CREMATION, REMOVAL	236, NAME OF CEMETERY OR CREMATORY 4-23-82 PEASANT VALLEU	A LOCATION COUNTY STATE
DHMH - 16 25M (VR A 15 (4)) 9/74	24. F	UNERAL DIRECTOR OVER THE Pri	the h. Westmind, md. 250. DA	AND E PD. SY REGISTRAR 256. BEGISTRAD DOMATURE

STATE OF MARYLAND

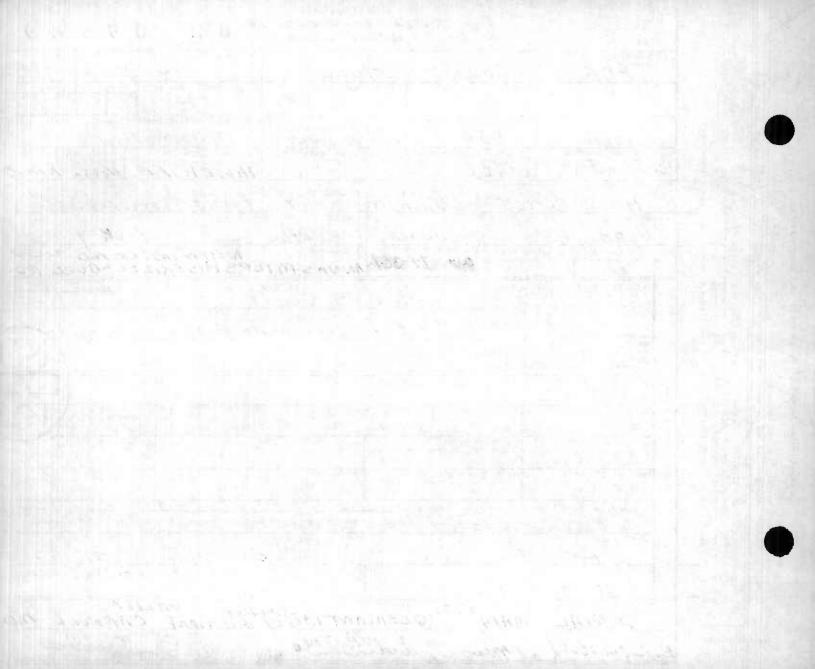
AND THE PROPERTY OF THE PARTY O 7720 Commell exchange and sources of the Commence of the State of the Commence of the C 13 E 1 1 W W W 15 - 61 - 49 & EVE 15 - 21 EVE W 2 1 T W 2 W 2 EVE 13 EVE Humpstend I Per Ball 4-12-12 TERRE VALLEY VERTINGER CHANNEL ME Marie the state of the state of the state of

)					STATE OF MAKTLANL				
4	1.	FOR STATE REGISTRAR			ENT OF HEALTH AND MEN CERTIFICATE OF DEA		3 2 REG. NO.	0 9 9	4 8
				MIDDLE	LAST	2a. DAT		ONTH DAY YEAR	26 HOUR
F 4	(Tre	Brac	dford	W.	Stiles			4-2-82	1916
(Ann)	3. SE	X	4 RACE		5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHD		IF UNDER 24 H
[]		Male	White	30.	MONTH DAY 29 1	905	76	YRS DAYS	HOURS M
Same?	7a. B	RTHPLACE (S ATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED A NEVER MAR	9 BALT		COUNTY OF DEATH	11.1.1.1
(2)		ew Jersey	TJ.	SA	WIDOWED DIVOR		Carrol	1 Co.	
d with	10 C	ITY OR TOWN OF DEATH			HOME OR OTHER INSTITU		JAL OCCUPATION	126. KIND O	F BUSINESS
	_	stminster	Carroll	County Ge	eneral Hospit	al Bu	work for most of w	ORKING LIFE) INDUSTRY	
d be	USU 13a.	AL RESIDENCE (IF NURSING	COUNTY	134 CITY OR TOWN	DMISSION)	LIMITS2 112. STD	EET_ADDRESS		
BS S		Md.	Balto	Glyndon		138	808 Longn	ecker Road	
nine	14. Fz	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MA	AIDEN NAME			
DE	D	Francis	W. T.	Stiles	Adelai		MIDDLE	McAlpi	
licol		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR		de	ADDRESS	HGATO	
Poges		no	IF YES, GIVE WAR OR DATES)	058-03-56	595A Mrs. Ma	ry Stiles	Glyndo	n Ma	
npopers movol.		18 CAUSE OF DEATH	Enter only one couse per					APPROXI	MATE INTERVAL
mov went,		PART 1. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Arul	o Munca	udial.	Jular	-Time	INSET AND DE
or re		4100		1000		0000	()		
ve cc	10	Conditions, if ony, w		R AS A CONSEQUEN	CE OF U				
moti r tro		gove rise to immed	liote				7 15 21		
othe			lost.	R AS A CONSEQUEN	CE OF				
oriol oriol	-	PART 2 OTHER SIGNIE	CANT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINIAL DIS	EASE OR CONDIT	(ONL CIVEN IN DARK I	
to b	NO N	AN	acum	a OV	VO OX	ochali		rei voma	
Prior	CERTIFICATION	19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH O	PERATION WAS PERFORME	ED 200 A	UTOPSY? 2	Ob. IF YES, WERE FINDIN	IGS USED
ows ows	Ę		3			YES [YES T	OF DEATH?
Hygin 18 sh	CER	21a. ACCIDENT WAS UNDERLY			21c. HOW INJUR			HIEM 18 PART I OR PART 2)	110
ntol mod	AL	OR CONTRIBUTING CAUS			YEAR				
or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	21f LOCATION	-			
the ond ked	Z	WHILE NOT WHILE	[AT HOME STR	EET, FACTORY, OEFICE, FAR	M. ETC.) STREET		CITY OR TOWN	CONNIA	STATE
		22a.1 certify that (I) (thi		deceased from	4-2-	o \$ 2 to	(1)-	- 10 S 2	hat (1) (we) l
mort					and that in (my) (our		urred on the dote	and hour and from the	nor (I) (we) i
or use os of Heolth 21 is morl			olive on						
ed for use os pt. of Heolth em 21 is morl		sow the deceosed o obove, (I) (we) (did) 22b. SIGNATURE	(did not) view the body	ofter deoth.					
o Dept. of Health		sow the deceosed o obove, (I) (we) (did) 22b. SIGNATURE	(did not) view the body		DEGREE			22c. DATE	SIGNED
Stote Dept. of Heolth		sow the deceosed o obove, (I) (we) (did) 22b. SIGNATURE	(did not view the body	Nagan	DEGREE ATTE	NDING MEDIC SICIAN DIRECT	AL STAFF OR PHYSICIAN	22c. DATE	2/82
uld be detoched for use os		sow the deceosed of obove, (I) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not view the body	Nagan	DEGREE ATTE	NDING MEDIC SICIAN DIRECT	AL STAFF OR PHYSICIAN	22c. DATE	2/82
the SRT	22- "	sow the deceosed of obove, (I) (we) (did) 72h SIGNATURE 22d PHYSICIAN'S NAME CH (TR)	(did not wiew the Body COLUMN (TYPE OR PRINT) CHEDU	NAGANI	DEGREE ATTE PHYS 120 ADDRESS A 174E	NDING MEDIC SICIAN DEIRECT	STAFF OR PHYSICIAN	22c. DATE	2/82
should be detoched for use os with the Stote Dept. of Health IMPORTANT: If them 21 is mort		sow the deceosed of obove, (I) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not wiew the Body COLUMN (TYPE OR PRINT) CHEDU	NAGANI NAGANI	DEGREE ATTE	NDING DERECT	AL STAFF OR PHYSICIAN	22c. DATE	2/82

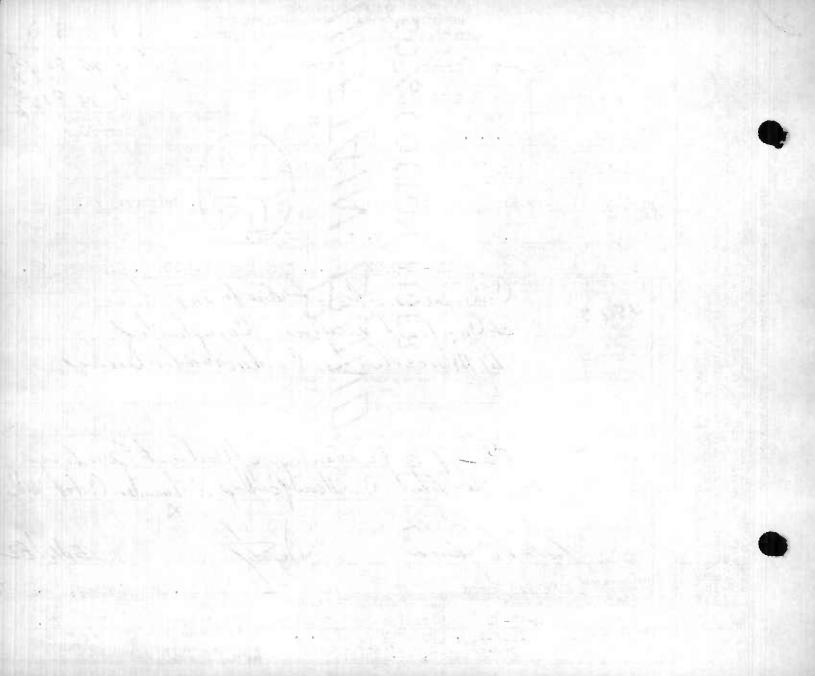
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13:35 Tomorphic Cont			ngtay20		odleE		· bis
niof of	shinlebl					2.000	
Stiller, 67 video, 331.	TAY . FI		-60-150				
All districted to	rocque, In	y diri	500	58-11-1		nolu	HALE O
			, brada				

				STATE OF MARYLAND		
	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 2	0 9 9 4 9
	1 06	REGISTRAR CEASED NAME FIRST	MIDDLE	1AST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
4 .		OR PRINTIA D	1	5442	20. DATE OF DEATH	30-82 7PM
	3 SE	TUH	GRACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3 SE.	F	W	MONTH DAY YEAR	90 YE	MONTHS DATS HOURS MIN.
4. 1	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COU	
3		Carroll	USA	MARRIED NEVER MARRIED WIDOWED MORCED	Carro)// MD.
3	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY
10	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO	DE ADMISSIMAN SE	HIUSENIFE	HOUSENIKK
35	130 5	STATE 13b COU	NTY 13c CITY OR TO		13e. STREET ADDRESS	elburg Road
1	14. F/	THER'S NAME	MIDDLE & LAST	15 MOTHER'S MAIDEN NA		
Col		UptoN	Lemn	non MARtha	MIDDLE	RODKEY
)		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	1-3/11-	NEST ADDRESS	TER, MD. 2157
		NO	0,1,0	JULY ANNAS MY	ERS 1915 FR12	LZELBURG RD
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), c ED BY:	ndight 1/	. 0	BETWEEN ONSET AND DEATH
	100		TE CAUSE (0) Covered	hus Heart trai	lure	6 moz.
death ce attending ove carb ition, ar r		4292	DUE TO, OR AS A CONSEQ	JENCE OF	1. /	
		Conditions, if any, which gove rise to immediate	(b) arterior	elevelle Carellovanie	uar disease	years
5		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF		
5			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OR CONDITION	CAVENTINI BART 1/2
-	Z	Dia late	melletin	DEATH BUT NOT RELATED TO THE TERM	VINAT DISEASE OF CONDITION	GIVEN IN PART 110
10	¥	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
4	CERTIFICATION		and the second		YES NOT	RTIFYING CAUSES OF DEATH?
0	E E	210. ACCIDENT WAS UNDERLYING		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
4	4	OR CONTRIBUTING CAUSE OF DE	Airi	19		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
	>	AT WORK AT WORK	(AT NOME, STREET, FACTORY, OFFICE	, ram, etc.)	,	
		220 I certify that (I) (this hosp	ital) attended the deceased from) , 19 8 4, that (I) (we) lost
5		saw the deceased olive o abave, (1) (we) (did) (did n	n19_ at) view the body after death.	32_, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
		22b. SIGNATURE	0 10 1	DEGREE		221. DATE SIGNED
		// wwwar	- U. Walser	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/30/82
4	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS UNIV.	OP MO. HOSP. DE	P'TOE FAMILY PRACT
MPORTANT:		NORMAN	H. FOULSEN	BALT	MD, 21210	
≥		BURIAL, CREMATION, REMOVA	1 23b. DATE 1982 23c	NAME OF CEMETERY OR CREMA OLY	23d LOCATION VAL	LEX STATE
		DURIAL	MAYY, Q	LEASANTYALLE	PLEASANI	CAPROLL M.
80	24 FI	UNERAL DIRECTOR	ADDRESS	P 18A 1734 250. DAT	TE REC'D. BY REGISTRAR ISIN RE	SISTRAR'S SIGNATURE
	Rich	for Huto of	34 Mplan	Xetalistan 1	V 5 1982 M	me
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	1-	FOR STATE REGISTRAR		N	EDICAL	STA MENT OF EXAMIN	HEALTH	CERTIFIC	ENTALH	F DEAT	Т.	EG. Q 0.	9 9	5	0
2000		CEASED NAMI		rgaret	Crool	k	Suc	hting		20.	DATE KNO OF EST DEATH MAT	WN M	F 14	19 8Z	15
P. P	3. SEX	emale	White	5. DATE OF BIR		6 AGE (IN Y	PAY) MONT	DER 1 YR.	IF UNDER		DATE ONOUNCED DE AD	4	1	£ 1,8	242
4422	FC	RTHPLACE (5' REIGH COUNTRY) altimol		76. CITIZEN OF		NTRY?	8. MARR WIDOV	IED ANE	VER MARR	IED 🔲	BALTIMORE	-	ounty o arrol		^
O THE PAGE FILED	1	TY OR TOWN		11. NAME OF H	OSPITAL, NO HEACILITY, GIVE L COUN	STREET ADDRESS)	E, OR OTH	Hospitu Hospit		FOR MO	OCCUPATION OF WORKING	IFE)	VORK 17b	KIND OF B OR INDUS	USINESS
ANY DE AND 31 POULD E CORD	130. S	AL RESIDENCE TATE aryland	13b. COU	or other institution NTY Croll	13c. CIT	E BEFORE ADMISS Y OR TOWN OS TMI NS		13d. INSIDE CI	NO 🖾	130. STREET	ADDRESS	anber	ry Rd		
RE, MD. EATH. IF SES 1, 2, A PM 3. A AND 2 SI	-	ATHER'S NAME FIRST Howard	AUDON.	MIDDLE	C:	tast rook Si		15. MOTHE F	R'S MAIDI	EN NAME	MIDDLE			LAST Vans	
S AFTER DEA GIVE PAGES GIVE PAGES I AN WISSON OF	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		-01-75		G.V.	Carl		ing 10	O N.	Grant	erry	Rd.
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 D BE DICCITED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSENDED TO THE MINERAL MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITH CHANNER HYGIENE, DIVISION OF WALL RECORDS, 201 W PRESTORMATION, OR REMOVAL.	NO	Condition gizes in cause (a. lying cou		ATE CAUSE (8)	After	MEROUENCE PRESERVENCE SEQUENCE OSCILLATED TO THE TER	South Distant	dia (Dane N GIVEN IN PA	Con ledo	plea	teg.	1	2	
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CAMINEE IT ERTHCATE, D BE FORW IRECTOR P WITH THE ST ARYLAND, 2		77s. I certificate death results	tymot I took char	rge of the remains	described ob	A s	Autop uicide	Homic	A D	Undsferr	Inquiry X		My opinion	54	182
TO MEDICAL E EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M	-	EXAMINER'S (TYPE OR PRI	NAME Rich	hard Jone	98			ADDRESS_	116	2ingto	n Rd.	Westm	inste	r, 16	1.211
BP	(:	Buria		236. DATE 1-17-82	23c.	NAME OF CE rraine	Park	Cemet	tery		iore		City	7Mc	
DHMH - 17 (VR A15 ME (5)) 15M 2/80		NERAL DIREC	teld	Testa Testa	st Ma	tcher in Str	21157	n r.i.	ZSo. DATE	APR 1	9 1982	b. REGISTR	AR'S SIGN	ATURE	na Bistor



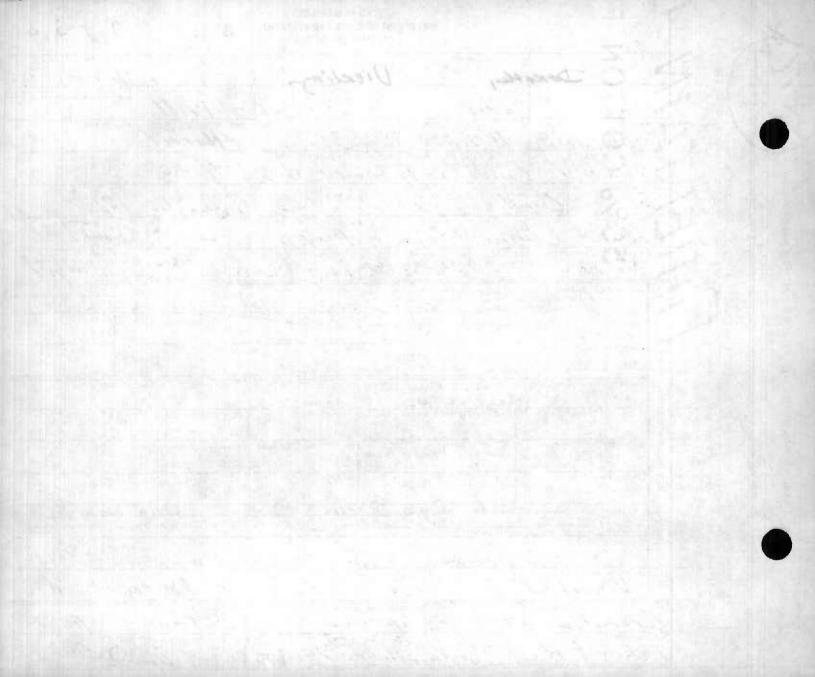
Eline Funeral Home, Hampstead, Md. 21074

(VRA 15, 4)

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		FOR - STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	DIENE 8 2	0	9	9	5 2
		CEASED NAME	FIRST		MIDDLE		ST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
r death			llian		\mathbf{L}_{ullet}	Trach			4	5	82	0051
-	3 SE			4 RACE		S. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24
A		Female	100	White		4-1	7-1910	Maria La U	71 YRS	S		
5		RTHPLACE (STATEOR) COUNTRY) est Virgin	(Con 1977)	76. CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORECITY		TY OF D	EATH	
7	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF I	CH FACILITY, GIVE STRE	ING HOME O	ROTHER INSTITUTION 1 Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Schooltea	TION OF WORKING	128	KIND O DUSTRY	F BUSINESS
1	UsU	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2	14. F	Md . ATHER'S NAME FIRST	Carr	WIODIE	Manches	ster	YES NO THER'S MAIDEN NA	2703 Frid	inge	r Mil		
0	1.	Luther	4 .50	MIOOLE	Parsons	,	Helen	MIODE		Wo	olfe	
1		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDI				
		18 CAUSE OF DEAT			288 - 20-		Mr. Randall	Thachsel, M	an che			MATE INTERVA
injury, or other troumoric	NO	Conditions, if ony, gave rise to immrcouse (o), stoth underlying cause	nediate ig the last	DUE TO, O	r as a conseo	BETES JUENCE OF	MELL,		NOITION (PART III	
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WER	E FINDIN CAUSES	OF DEATH
9		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM I	B PARTIO	R PART 2)	
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET FACTORY OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	c	DUNTY	STAT
		22a. I certify that (1) sow the decease obave. (1) (we) (c 22b. SIGNATURE	ed olive on did) (did no	view the body	4/5 10	\$2. one	d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL ST	dote and h	our and		
MPORTANI			(/		0.						
		BURIAL, CREMATION,	REMOVAL	23b. DATE	X 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION	13111		VTV	STA
				4-9-8				CITI ON TOTAL		COUR	- 1 1	

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	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2 PEG. NO.	9 9 5 4
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
1 /41	(1YP	RO 9E	R D L	DARELIME	4-2	
F (F9)	3. SE		4. RACE	5. DATE OF BIRTH	1	UNDER I YEAR IF UNDER 24 HRS
	6	THALE	White	JUNE 6 1900		DNIHS DAYS HOURS MIN
2 02 4	ra. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY O	F DEATH
# 12 36		COUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	CARROTI	MD.
1 11 1/ /	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	125 KIND OF BUSINESS OR
1 11 60	14	1es/mins/ER	CARROLL CO	GENERAL	CARPENTER	Building
filled in	13a.	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE A	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	un Rd
rith	14 F	ATHER'S NAME	MIDDLE LAST A	15. MOTHER'S MAIDEN N	IAME MIDDLE	Land
complete		DENTON	W. WAREHIN	ME ElizAh	Elh TYTAS	ON hEIMER
on ond co		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES! 216-01	9993 DAVIL K.	WAREhims 13	6
hysicic sopers ovol.		18 CAUSE OF DEATH Enter on	ly one cause per lipe for (a), (b), and	(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
p ph) on po emo; even		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) VONTAC	ulas tibrille	ation	Instance
nding carb	-	4100	DUE TO, OR AS A CONSEQUE	NCE OF	10.1- 10.	-0-0
the deot the atter remove c emotion, er troum		Conditions, if any, which gave rise to immediate	(16) A CULO	Myocardia	1 Injerction	5 days
by by ath		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		
equires the signed by Then please to buriol, njury, ar a	Z	PART 2. OTHER SIGNIFICANT (EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART 110
beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED
The lo	TIFIC				YES NO YES	NG CAUSES OF DEATH?
Z S S O T S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY	Y YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
SICIA phing phing phing phing phingle certification or certification of the phingle ph	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
affending the this state of the thick of the	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIN I or Use o Heolth			tal) attended the deceased from	4-10- 19 8		\$2_, that (I) (we) lost
Spite CTO d for aft		abave, (1) (we) (did) (did no	view the body ofter death.	and that in (my) (our) opinio	n death occurred on the date and haur o	and from the couses stated
OR he ho DIRE		226. SIGNATURE	111 10-10-111	DEGREE	REDICAL STATE	22c. DATE SIGNED
RAL dete	1	Omnew	A	PHYSICIAN	DIRECTOR PHYSICIAN	4/20182
HOSP Pained I D FUNE in the S		CHITRACHED	UNAGANNA	174 E. MC	in & westonis	neres
5 £ ₹ ₹ ₹ ₹	23a.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP		BURIAL	4-23-82 4	RICERS	Nestminstan a	ARRolan Mid
DHMH - 16 50M 1/81 (VRA 15, 4)	O	bert Kill Pri	the Ir. Westm	instr, mel 250 1	ALLEGO DE REPRESENTATION OF SELECTION OF SEL	Section Like
TO HOSPITAL OR ATTER retained by the hospital TO FUNERAL DIRECTOR should be detached for with the State Dept. of H IMPORTANT: If hem 21 if	23a.	sow the deceased alive an above, (I) (we) (did) (did no 2226, STONATURE COMPLETED 2226, PHYSICIAN'S NAME (TYPE OF THE TRACHED	1) view the body ofter death. 2 ell NCYCOMM R PRINT) U NAGNNA 236. DATE 236. N.	DEGREE ATTENDING PHYSICIAN 120 ADDRESS 174 E'MC AME OF CEMETERY OR CREMATORY RICERS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG

